## Case 2:16-bk-52618 Doc 35-1 Filed 04/06/17 Entered 04/06/17 16:06:09 Desc Exhibit Page 1 of 4

| Debt              | n this information to                  | to identify your ca<br>Dean Richar |   |                                 |             |       |               |  |   |                               |                                  |
|-------------------|--|------------------------------------|---|---------------------------------|-------------|-------|---------------|--|---|-------------------------------|----------------------------------|
| Debt<br>(Spou     | tor 2<br>se, if filing)                |                                    |   |                                 |             | _     |               |  |   |                               |                                  |
| ` '               |  | otcy Court for the:                | SOUTHERN DISTRIC  | CT OF OHIO                      |             |       |               |  |   |                               |                                  |
| Off SC Be as supp | ficial Form hedule I: s complete and a | Your Inco                          | ible. If two married peo<br>are married and not filir   | ng jointly, and your            | spouse i    | s liv | An As 13 MM   | income a  // / DD/ Y  or 2), bot ou, inclu | ent showing as of the foly and the foly are equal to the form | llowing d  ally resp ation ab | 12/15<br>onsible for<br>out your |
|                   | h a separate she                       |                                    | r spouse is not filing wi<br>On the top of any addition |                                 |             |       |               |  |   |                               |                                  |
|                   | Fill in your empl                      | oyment                             |   | Debtor 1                        |             |       |               | Debtor 2 or non-filing spouse              |   |                               |                                  |
|                   | If you have more                       |                                    | Employment status                                       | ■ Employed                      | ■ Employed  |       |               |  | ☐ Employed  |                               |                                  |
|                   | attach a separate information about    |                                    | Employment status                                       | ☐ Not employed                  |             |       | I             | ☐ Not er                                   | Not employed  |                               |                                  |
|                   | employers.                             |                                    | Occupation  | business owne                   | r/operat    | or    |               |  |   |                               |                                  |
|                   | Include part-time, self-employed wo    |                                    | Employer's name   | Bauer Repair S                  | ervice      |       |               |  |   |                               |                                  |
|                   | Occupation may i<br>or homemaker, if   |                                    | Employer's address                                      | 6037 London La<br>Groveport, OH |             | r Rd  | I             |  |   |                               |                                  |
|                   |  |                                    | How long employed to                                    | nere? since 1                   | 999         |       |               | _  |   |                               |                                  |
| Part              | 2: Give De                             | tails About Mon                    | thly Income   |                                 |             |       |               |  |   |                               |                                  |
|                   | nate monthly inco<br>se unless you are |                                    | te you file this form. If y                             | you have nothing to r           | eport for a | any I | line, write S | 0 in the                                   | space. Incl   | ude your                      | · non-filing                     |
| •                 | or your non-filing space, attach a se  | •                                  | re than one employer, co                                | embine the information          | n for all e | mplo  | oyers for th  | at perso                                   | n on the lin  | es below                      | ı. If you need                   |
|                   |  |                                    |   |                                 |             |       | For Debt      | or 1                                       | For Deb   |                               | se_                              |
|                   |  |                                    | y, and commissions (be<br>alculate what the monthl      |                                 | 2.          | \$    |               | 0.00                                       | \$  | N                             | I/A                              |
| 3.                | Estimate and lis                       | t monthly overti                   | me pay.   |                                 | 3.          | +\$   |               | 0.00                                       | +\$   | N                             | I/A                              |

0.00

N/A

4. Calculate gross Income. Add line 2 + line 3.

| Debt | tor 1        | Dean Richard Bauer   | _        | Cas  | se number (if known) | 2:16-bk-5   | 2618              |                 |
|------|--------------|--|----------|------|----------------------|-------------|-------------------|-----------------|
|      |              |  |          |      |                      |             |                   |                 |
|      |              |  |          | F    | or Debtor 1          | For Debto   |                   |                 |
|      | Cor          | y line 4 here  | 4.       | \$   | 0.00                 | \$          | N/A               |                 |
|      |              | ,  |          | •    |                      | *           | 14,71             | _               |
| 5.   | List         | all payroll deductions:  |          |      |                      |             |                   |                 |
|      | 5a.          | Tax, Medicare, and Social Security deductions  | 5a.      | \$   | 0.00                 | \$          | N/A               |                 |
|      | 5b.          | Mandatory contributions for retirement plans   | 5b.      | \$   | 0.00                 | \$          | N/A               | _               |
|      | 5c.          | Voluntary contributions for retirement plans   | 5c.      | \$   | 0.00                 | \$          | N/A               | -               |
|      | 5d.          | Required repayments of retirement fund loans   | 5d.      | \$   | 0.00                 | \$          | N/A               | =               |
|      | 5e.          | Insurance  | 5e.      | \$   | 0.00                 | \$          | N/A               | -               |
|      | 5f.          | Domestic support obligations   | 5f.      | \$   | 0.00                 | \$          | N/A               | _               |
|      | 5g.          | Union dues   | 5g.      | \$   | 0.00                 | \$          | N/A               | _               |
|      | 5h.          | Other deductions. Specify:   | 5h       | + \$ | 0.00                 | + \$        | N/A               | _               |
| 6.   | Add          | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | 6.       | \$   | 0.00                 | \$          | N/A               | _               |
| 7.   | Cal          | culate total monthly take-home pay. Subtract line 6 from line 4.   | 7.       | \$   | 0.00                 | \$          | N/A               | _               |
| 8.   | List<br>8a.  | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total            |          |      |                      |             |                   |                 |
|      |              | monthly net income.  | 8a.      | \$   | 2,481.72             | \$          | N/A               |                 |
|      | 8b.          | Interest and dividends   | 8b.      | \$   | 0.00                 | \$          | N/A               | -               |
|      | 8c.          | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce  |          |      |                      |             |                   | -               |
|      |              | settlement, and property settlement.   | 8c.      | \$   | 0.00                 | \$          | N/A               |                 |
|      | 8d.          | Unemployment compensation  | 8d.      | \$   | 0.00                 | \$          | N/A               | -               |
|      | 8e.          | Social Security  | 8e.      | \$   | 0.00                 | \$          | N/A               | _               |
|      | 8f.          | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | e<br>8f. | \$   | 0.00                 | \$          | N/A               | -               |
|      | 8g.          | Pension or retirement income   | 8g.      | \$   | 0.00                 | \$          | N/A               | -               |
|      | 8h.          | Other monthly income. Specify: HH contribution from Tracy Deibe  | 8h       | + \$ | 495.00               | + \$        | N/A               | _               |
| 9.   | Add          | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.       | \$_  | 2,976.72             | \$          | N/A               | A               |
| 10   | Cal          | culate monthly income. Add line 7 + line 9.  | 10. \$   |      | 2,976.72 + \$        | N/A         | <b>A</b> = \$     | 2,976.72        |
| 10.  |              | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   | 10.      |      | 2,976.72 + \$        | IN//        | <b>A</b> =   \$ _ | 2,910.12        |
|      |              |  |          |      |                      |             |                   |                 |
| 11.  | Incl<br>othe | the all other regular contributions to the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not cify: | deper    |      | .,                   | ed in Sched | ule J.<br>. +\$   | 0.00            |
| 12.  |              | the amount in the last column of line 10 to the amount in line 11. The reset that amount on the Summary of Schedules and Statistical Summary of Certailes  |          |      |                      |             |                   | 2,976.72        |
| 40   | _            |  | •        |      |                      |             | Combin<br>monthl  | ned<br>y income |
| 13.  | Do           | you expect an increase or decrease within the year after you file this form  | 17       |      |                      |             |                   |                 |
|      | _            | No. Yes Explain:   |          |      |                      |             |                   |                 |

| Fill | in this informa                                  | ition to identify yo                                 | our case:                           |   |                       |                  |                                    |   |
|------|--|--|-------------------------------------|---|-----------------------|------------------|------------------------------------|---|
| Deb  |  | Dean Richar  |                                     |   |                       |                  | k if this is:<br>An amended filing |   |
|      | tor 2<br>buse, if filing)                        |  |                                     |   |                       |                  | 9                                  | ving postpetition chapter the following date: |
| Unit | ed States Bankr                                  | ruptcy Court for the                                 | : SOUTH                             | IERN DISTRICT OF OHIO   |                       | 7                | MM / DD / YYYY                     |   |
| 1    | e number 2:                                      | 16-bk-52618  |                                     |   |                       |                  |                                    |   |
|      |  | orm 106J   | <del></del> _                       |   |                       |                  |                                    |   |
| Be   | as complete a<br>ormation. If m<br>nber (if know |  | possible<br>eded, atta<br>y questio | . If two married people are<br>ch another sheet to this t                 |                       |                  |                                    |   |
| 1.   | Is this a joir                                   |  | illoiu                              |   |                       |                  |                                    |   |
|      | ■ No. Go to                                      |  | in a separ                          | ate household?  |                       |                  |                                    |   |
|      | □ N<br>□ Y                                       | -  | st file Offici                      | al Form 106J-2, <i>Expense</i> s  | for Separate House    | ehold of Debt    | or 2.                              |   |
| 2.   | Do you have                                      | e dependents?  | ■ No                                |   |                       |                  |                                    |   |
|      | Do not list D<br>Debtor 2.                       | ebtor 1 and  | ☐ Yes.                              | Fill out this information for each dependent                              | Dependent's relation  |                  | Dependent's age                    | Does dependent live with you?                 |
|      | Do not state dependents                          |  |                                     |   |                       |                  |                                    | □ No<br>□ Yes                                 |
|      | aoponao.no                                       |  |                                     |   |                       |                  |                                    | □ No  |
|      |  |  |                                     |   |                       |                  |                                    | ☐ Yes   |
|      |  |  |                                     |   |                       |                  |                                    | □ No<br>□ Yes                                 |
|      |  |  |                                     |   |                       |                  |                                    | □ No  |
| _    | _  |  |                                     |   |                       |                  |                                    | ☐ Yes   |
| 3.   | expenses o                                       | penses include<br>f people other t<br>d your depende | han $_{oldsymbol{\sqcap}}$          | No<br>Yes   |                       |                  |                                    |   |
| exp  | imate your ex                                    |  | our bankr                           | y Expenses<br>uptcy filing date unless y<br>y is filed. If this is a supp |                       |                  |                                    |   |
| the  |  | h assistance an                                      |                                     | government assistance if<br>cluded it on <i>Schedule I:</i> Y             |                       |                  | Your expe                          | enses   |
| 4.   |  | or home owners                                       |                                     | ses for your residence. In  | nclude first mortgage | e<br>4. \$       |                                    | 0.00  |
|      |  | led in line 4:                                       | -                                   |   |                       |                  |                                    |   |
|      |  |  |                                     |   |                       | 10 °C            |                                    | 0.00  |
|      |  | estate taxes<br>erty, homeowner's                    | s, or renter                        | 's insurance  |                       | 4a. \$<br>4b. \$ |                                    | 0.00<br>0.00                                  |
|      | •  | •  |                                     | pkeep expenses  |                       | 4c. \$           |                                    | 25.00   |
| _    |  | owner's associat                                     |                                     |   |                       | 4d. \$           |                                    | 0.00  |
| 5.   | Additional r                                     | mortgage payme                                       | ents for yo                         | <b>our residence</b> , such as hor  | ne equity loans       | 5. \$            |                                    | 0.00  |

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| Debtor        | 1 _              | Dean Ri                      | chard Bauer   |                             | Case numl | per (if known) | 2:16-bk-52618                 |  |
|---------------|------------------|------------------------------|---|-----------------------------|-----------|----------------|-------------------------------|--|
| 6. <b>U</b> 1 | tilitie          | es:                          |   |                             |           |                |                               |  |
| 6a            | a.               | Electricity                  | , heat, natural gas   |                             | 6a.       | \$             | 325.39                        |  |
| 6b            | ο.               | Water, se                    | wer, garbage collection   |                             | 6b.       | \$             | 51.00                         |  |
| 60            | <b>)</b> .       | Telephone                    | e, cell phone, Internet, satellite, and cable s   | services                    | 6c.       | \$             | 0.00                          |  |
| 60            | d.               | Other. Sp                    | ecify:  |                             | 6d.       | \$             | 0.00                          |  |
| . Fo          | ood              | and hous                     | ekeeping supplies   |                             |           | \$             | 300.00                        |  |
| . CI          | hildo            | care and o                   | children's education costs  |                             | 8.        | \$             | 0.00                          |  |
| CI            | lothi            | ing, laund                   | ry, and dry cleaning  |                             | 9.        | \$             | 160.00                        |  |
| ). <b>P</b> e | erso             | nal care p                   | products and services   |                             | 10.       | \$             | 20.00                         |  |
| . M           | edic             | al and de                    | ntal expenses   |                             | 11.       | \$             | 108.33                        |  |
| 2. Tr         | rans             | portation                    | Include gas, maintenance, bus or train far  | e.                          | 4.0       |                | 0.00                          |  |
|               |                  |                              | ar payments.  |                             | 12.       |                | 0.00                          |  |
|               |                  |                              | clubs, recreation, newspapers, magazin  | es, and books               | 13.       |                | 0.00                          |  |
| . CI          | harit            | table cont                   | ributions and religious donations   |                             | 14.       | \$             | 0.00                          |  |
|               |                  | ance.                        |   |                             |           |                |                               |  |
|               |                  |                              | surance deducted from your pay or include   | ed in lines 4 or 20.        | 45-       | Φ.             | 0.00                          |  |
|               |                  | Life insura                  |   |                             | 15a.      |                | 0.00                          |  |
|               |                  | Health ins                   |   |                             | 15b.      | ·              | 0.00                          |  |
|               |                  | Vehicle in                   |   |                             | 15c.      | ·              | 87.00                         |  |
|               |                  |                              | Irance. Specify:  |                             | 15d.      | \$             | 0.00                          |  |
|               |                  |                              | clude taxes deducted from your pay or incitate, city, school  | luded in lines 4 or 20.     | 16.       | \$             | 400.00                        |  |
|               |                  |                              | ease payments:  |                             |           |                |                               |  |
|               |                  |                              | ents for Vehicle 1  |                             | 17a.      |                | 0.00                          |  |
|               |                  |                              | ents for Vehicle 2  |                             | 17b.      | ·              | 0.00                          |  |
|               |                  | Other. Sp                    |   |                             | 17c.      | ·              | 0.00                          |  |
|               |                  | Other. Sp                    | · ·   |                             | 17d.      | \$             | 0.00                          |  |
|               |                  |                              | of alimony, maintenance, and support t<br>your pay on line 5, Schedule I, Your Inc  |                             | 18.       | \$             | 0.00                          |  |
|               |                  |                              | s you make to support others who do no  |                             | _         | \$             | 0.00                          |  |
|               | oecif            |                              | ,   | ,                           | 19.       | ·              | 0.00                          |  |
|               |                  | ,                            | erty expenses not included in lines 4 or  | 5 of this form or on Scheo  |           | ur Income.     |                               |  |
|               |                  |                              | s on other property   |                             | 20a.      |                | 0.00                          |  |
|               |                  | Real estat                   |   |                             | 20b.      | \$             | 0.00                          |  |
| 20            | Oc.              | Property,                    | homeowner's, or renter's insurance  |                             | 20c.      | \$             | 0.00                          |  |
|               |                  |                              | nce, repair, and upkeep expenses  |                             | 20d.      | \$             | 0.00                          |  |
|               |                  |                              | er's association or condominium dues  |                             | 20e.      | ·              | 0.00                          |  |
|               |                  | : Specify:                   |   |                             | 21.       | ·              | 0.00                          |  |
| . •           |                  | · opcony.                    |   |                             |           | - Ψ            | 0.00                          |  |
|               |                  |                              | monthly expenses  |                             |           |                |                               |  |
|               |                  |                              | through 21.   |                             |           | \$             | 1,476.72                      |  |
| 22            | 2b. C            | Copy line 2                  | 2 (monthly expenses for Debtor 2), if any, f  | rom Official Form 106J-2    |           | \$             |                               |  |
| 22            | 2c. A            | dd line 22                   | a and 22b. The result is your monthly expe  | enses.                      |           | \$             | 1,476.72                      |  |
| 3. <b>C</b> a | alcu             | late your                    | monthly net income.   |                             |           |                |                               |  |
|               |                  | -                            | 12 (your combined monthly income) from S  | Schedule I.                 | 23a.      | \$             | 2,976.72                      |  |
| 23            | Bb.              | Copy you                     | monthly expenses from line 22c above.   |                             | 23b.      | -\$            | 1,476.72                      |  |
|               |                  |                              |   |                             |           |                |                               |  |
| 23            |                  |                              | our monthly expenses from your monthly in is your monthly net income.   | ncome.                      | 23c.      | \$             | 1,500.00                      |  |
| ים ו          |                  |                              | an increase or decrease in your expense   | es within the year after ye |           |                | ,                             |  |
| Fo            | or exa<br>odific | ample, do yo<br>ation to the | an increase or decrease in your expense<br>ou expect to finish paying for your car loan within<br>terms of your mortgage? |                             |           |                | ease or decrease because of a |  |
|               | No               |                              |   |                             |           |                |                               |  |
|               | l Ye             | S.                           | Explain here:   |                             |           |                |                               |  |